

**OKLAHOMA BOARD OF NURSING**

**2915 N. Classen Blvd., Suite 524  
Oklahoma City, Oklahoma 73106  
405/962-1800**

**AUA FACULTY QUALIFICATION RECORD**

A Faculty Qualification Record shall be maintained and submitted by approved training programs on a form provided by the Board. The Faculty Qualification Record shall be submitted for all instructional staff (full-time, part-time, classroom, or clinical), and provide for verification of academic credentials, clinical practice, and current licensure as a registered nurse [OAC 485:10-10-9(2)].

Name of Employing AUA Nursing Program \_\_\_\_\_ City \_\_\_\_\_

Full Licensure Name \_\_\_\_\_

Oklahoma License # \_\_\_\_\_ Date of Appointment \_\_\_\_\_ Full Time  Part-Time

Title of Position: \_\_\_\_\_ Areas of Teaching Responsibility: \_\_\_\_\_

**Educational Preparation\***

	<u>Name of School</u>	<u>City &amp; State</u>	<u>Graduation Date</u> <u>Month/Year</u>	<u>Major</u>	<u>Degree</u>
Basic Nsg. Education	_____	_____	_____	_____	_____
Advanced Education	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**\*Please attach copies of official transcripts on file at the employing institution.**

**Previous Employment\*\*** Begin with last position held. Evidence must be provided of at least two (2) years experience working in an acute care setting, at least one year of which must include experience supervising unlicensed personnel in a clinical setting [OAC 485:10-10-4(a)].

<u>Dates of Employment</u> <u>(To/From Month/Year)</u>	<u>Employer</u>	<u>City &amp; State</u>	<u>Position</u>	<u>FTE</u> <u>(in Years)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*Submit a copy of a curriculum vita.**

I certify that I am the instructional staff who is referred to in the foregoing *Faculty Qualification Record* and that the statements therein contained are true in every respect. I certify that I have met the requirements established in the *Oklahoma Nursing Practice Act and Rules* for nursing faculty, including requirements for Oklahoma licensure, level of education, and clinical experience [OAC 485:10-10-4].

\_\_\_\_\_  
Signature of Instructional Staff

\_\_\_\_\_  
Date

I certify that I have verified the Oklahoma nursing license of the faculty member. In addition, I have reviewed the official transcripts and work experience, and have verified that the faculty member meets the qualifications of the *Oklahoma Nursing Practice Act and Rules*.

\_\_\_\_\_  
Signature of Nurse Administrator

\_\_\_\_\_  
Date